



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>7 21 08</u> To: <u>8 25 08</u> <small>Mo Day Year Mo Day Year</small>																					
1. Committee I.D. Number <div style="font-size: 1.2em; font-family: cursive;">137127</div>	4. Candidate Last Name <u>KNOWLES</u> First Name <u>MARK</u> M.I. <u>F</u> 4a. Office Sought Including District # or Community Served (If applicable) <div style="font-size: 1.2em; font-family: cursive;">SUPERVISOR HARRISON TWP</div> 4b. County of Residence <u>Macomb</u> Driver License # (Optional) _____																				
2. Committee Name <div style="font-size: 1.2em; font-family: cursive;">CTE MARK KNOWLES</div>	5. Committee's Mailing Address <div style="font-size: 1.2em; font-family: cursive;">24716 COTTELL HARRISON TWP 48045</div> Area Code and Phone <u>313 999 0911</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>																				
6. Treasurer's Name & Residential Address <div style="font-size: 1.2em; font-family: cursive;">SAME as #5</div> Area Code & Phone ( ) _____ Driver License # (Optional) _____	7. Treasurer's Business Address <div style="font-size: 1.2em; font-family: cursive;">SAME AS ABOVE</div> Area Code and Phone ( ) _____																				
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <div style="font-size: 1.2em; font-family: cursive;">SAME as Above</div> Area Code and Phone ( ) _____ Driver License # (Optional) _____	9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <div style="font-size: 1.2em; font-family: cursive;">8 5 08</div> <small>Month Day Year</small>																				
9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ Month _____ Day _____ Year <small>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</small>																					
<small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small>																					
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. <table style="width:100%; border: none;"> <tr> <td style="width:40%;">Current Treasurer or Designated Record keeper</td> <td style="width:30%; font-size: 1.2em; font-family: cursive;">MARK KNOWLES</td> <td style="width:10%; font-size: 1.2em; font-family: cursive;">[Signature]</td> <td style="width:20%;">Date</td> <td style="width:10%; font-size: 1.2em; font-family: cursive;">9 3 08</td> </tr> <tr> <td></td> <td><small>Type or Print Name</small></td> <td><small>Signature</small></td> <td><small>Mo Day Year</small></td> <td></td> </tr> <tr> <td>Candidate</td> <td style="font-size: 1.2em; font-family: cursive;">[Signature]</td> <td style="font-size: 1.2em; font-family: cursive;">[Signature]</td> <td>Date</td> <td style="font-size: 1.2em; font-family: cursive;">9 3 08</td> </tr> <tr> <td></td> <td><small>Type or Print Name</small></td> <td><small>Signature</small></td> <td><small>Mo Day Year</small></td> <td></td> </tr> </table>		Current Treasurer or Designated Record keeper	MARK KNOWLES	[Signature]	Date	9 3 08		<small>Type or Print Name</small>	<small>Signature</small>	<small>Mo Day Year</small>		Candidate	[Signature]	[Signature]	Date	9 3 08		<small>Type or Print Name</small>	<small>Signature</small>	<small>Mo Day Year</small>	
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	<small>Type or Print Name</small>	<small>Signature</small>	<small>Mo Day Year</small>																		

**MARK KNOWLES**



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 137127  
2. Committee Name CTE MARK KNOWLES

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

**RECEIPTS**

**3. Contributions**

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 0

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ 0

c. Subtotal of "Contributions"

(3c.) \$ 0

**4. Other Receipts (Schedule 1A -1, Column 6)**

(4.) \$ 0

**5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**  
(Add Line 3c + Line 4)

(5.) \$ 0

Column I  
This Period

Column II  
Cumulative this election cycle

(18.) \$ 0

(19.) \$ 0

(20.) \$ 0

**IN-KIND CONTRIBUTIONS & EXPENDITURES**

**6. In-Kind Contributions (Schedule 1-IK, Column 7)**

(6.) \$ 0

**7. In-Kind Expenditures (Schedule 1B-IK, Column 6)**

(7.) \$ 0

(21.) \$ 0

(22.) \$ 0

**EXPENDITURES**

**8. Expenditures**

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 0

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 0

**9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)**

(9.) \$ 0

(23.) \$ 0

**INCIDENTAL EXPENSE DISBURSEMENTS**  
(Officeholders Only)

**10. Disbursements**

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0

**11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS**  
(Add Line 10a + Line 10b)

(11.) \$ 0

(24.) \$ 0

**DEBTS AND OBLIGATIONS**

**12. Debts and Obligations**

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 0

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 0

**BALANCE STATEMENT**

**13. Ending Balance of last report filed**  
(Enter zero if no previous reports have been filed.)

(13.) \$ 5215.36 ✓

**14. Amount received during reporting period**  
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 0

**15. SUBTOTAL Add lines 13 and 14**

(15.) = \$ 5215.36

**16. Amount expended during reporting period**  
(Add lines 9 and 11)

(16.) - \$ 0

**17. ENDING BALANCE**  
(Subtract line 16 from line 15)

(17.) \$ 5215.36 ✓

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.  
All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.  
CFR Rev 7/1999c-aum Authority granted under P.A. 388 of 1976